

## Confronting non-communicable diseases

Non-communicable diseases (NCDs), which accounted for 42 million of the 57 million deaths globally in 2019, include cancers; cardiovascular diseases; diabetes; endocrine, blood and immune disorders; non-infectious respiratory, digestive and genitourinary diseases; neurological conditions; mental and substance use disorders; congenital anomalies; and sense organ, skin, musculoskeletal, and oral or dental conditions. Twenty-seven million of these deaths in 2019 were in those aged <80 years.<sup>[1]</sup> On 10 September this year, the *Lancet* published the first analysis reporting change in NCD mortality at the national level across time (2010 - 2019) for all countries, benchmarking national performance against each country's own historical performance and against regional best performers. The key findings were: a decline in NCD mortality in ~80% of the world's countries, where >70% of the world population resided; in ~60% of countries the decline was smaller than it had been in the preceding decade or there was a reversal of an earlier decline; there were substantial performance gaps between the regional frontrunner and other countries regarding how much NCD mortality declined within all regions; national performance in reducing NCD mortality often resulted from a combination of changes in multiple NCDs; and in some countries, NCD mortality in working and older ages changed in the same direction, leading to large overall declines or increases; in others, it changed in opposite directions, diminishing the magnitude of the overall change. In South Africa, the probability of dying from an NCD between birth and age 80 years increased from 2001 to 2010, and declined marginally from 2010 to 2019.<sup>[1]</sup>

Unlike Sustainable Development Goal (SDG) target 3.4, which is restricted to cancers, cardiovascular diseases, chronic respiratory diseases and diabetes, the mortality analysis considered all NCDs, and revealed that it had declined from 2010 to 2019 in four of every five countries in the world. However, complex and important patterns emerged. There was substantial variability in the size of decline. Good and poor performance from 2010 to 2019 was unrelated to the level of NCD mortality in 2010, and small reductions were not due to mortality having already reached low levels; and, conversely, large reductions were not more likely in countries with high mortality, where it might have been expected to be easier to reduce some deaths. Therefore, there was little or no evidence of convergence in NCD mortality globally and in most regions, and this was irrespective of improvements. Hence, substantial global disparities in NCD mortality persisted in 2019. The decline from 2010 to 2019 was slower than in the preceding decade, or there was a reversal of the earlier decline in almost two-thirds of the countries, including in nearly all high-income countries in Europe, North America, Australasia and East Asia. There were exceptions to this trend in most countries in central and eastern Europe and central Asia. Performance gaps between the regional frontrunner and other countries were significant within all regions. The slowdown of mortality decline and lagging regional best-performer were affected by most NCD causes of death. The differences in the improvements or deteriorations over the 10-year period and in how much NCD mortality declined were determined by the magnitude of declines at older ages, where death rates were highest, and by whether countries saw declines, stagnation, or increases in mortality at working ages.<sup>[1]</sup> The major improvements were driven by declines in cardiovascular disease and particular cancers, such as stomach and colorectal cancers, for both sexes, cervical and breast cancers for women, and lung and prostate cancers for men, as opposed to pancreatic cancer, liver cancer and

neurological conditions, which contributed to rising mortality in many countries.

The World Health Organization (WHO) on 18 September released its report titled 'Saving lives, spending less',<sup>[2]</sup> which underscored the fact that adequate investment in tackling NCDs could yield huge economic benefits, and outlined why urgent investment in cost-effective interventions for NCDs is essential for health and sustainable development. The WHO also highlighted that NCDs are responsible for the majority of global deaths, and that >1 billion people live with mental health conditions. Of note is that nearly 75% of deaths related to NCDs and mental health conditions occur in low- and middle-income countries, accounting for 32 million lives lost each year.

Twenty-nine highly effective and affordable evidence-based measures called 'best buys', which countries can implement to prevent and manage major NCDs, have been identified by the WHO.<sup>[3]</sup> These measures are grouped into seven categories: tobacco, alcohol, unhealthy diet, physical inactivity, cardiovascular disease, chronic respiratory disease and cancer. Regarding tobacco, best buys include increasing excise taxes and prices on tobacco products; implementing large graphic health warnings on all tobacco packages, accompanied by plain/standardised packaging; enacting and enforcing comprehensive bans on tobacco advertising, promotion and sponsorship; eliminating exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport; implementing effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke, and encouraging behaviour change; and providing cost-covered effective population-wide support (including brief advice and national toll-free quit line services) for tobacco cessation to all tobacco users. In the case of alcohol, excise taxes on alcoholic beverages should be increased; and bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media) and restrictions on the physical availability of retailed alcohol (via reduced hours of sale) should be enacted and enforced. On unhealthy diet, the following best buys are recommended: reformulation policies for healthier food and beverage products (e.g. elimination of trans fatty acids and/or reduction of saturated fats, free sugars and/or sodium); front-of-pack labelling as part of comprehensive nutrition labelling policies for facilitating consumers' understanding and choice of food for healthy diets; public food procurement and service policies for healthy diets (e.g. to reduce the intake of free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables); behaviour change communication and mass media campaign for healthy diets (e.g. to reduce the intake of energy, free sugars, sodium and unhealthy fats, and to increase the consumption of legumes, wholegrains, fruits and vegetables); policies to protect children from the harmful impact of food marketing on diet; and protection, promotion and support of optimal breastfeeding practice. To address physical inactivity, sustained, population-wide, best-practice communication campaigns to promote physical activity, with links to community-based programmes and environmental improvements to enable and support behaviour change, should be implemented. Secondary prevention of rheumatic fever and rheumatic heart disease by developing a register of patients who receive regular prophylactic penicillin is the best buy for cardiovascular disease. Concerning chronic respiratory diseases, acute treatment of asthma exacerbations with inhaled bronchodilators and oral steroids; acute treatment of chronic obstructive pulmonary disease (COPD) exacerbations with inhaled bronchodilators and oral steroids; and long-term management of COPD with inhaled bronchodilators

are recommended. Confronting cancer would include: vaccination against human papillomavirus (HPV) (1 - 2 doses) of 9 - 14-year-old girls; HPV DNA screening, starting at the age of 30 years, with regular screening every 5 - 10 years (using a screen-and-treat approach or screen, triage and treat approach) for cervical cancer prevention; for cervical cancer treatment, early diagnosis programmes linked with timely diagnostic work-up and comprehensive cancer treatment; early diagnosis programmes linked with timely diagnostic work-up and comprehensive treatment for breast and colorectal cancer; prevention of liver cancer through hepatitis B immunisation; early detection and comprehensive treatment of cancer for those living with HIV; and for childhood cancer, early diagnosis programmes linked with timely diagnostic work-up and comprehensive cancer treatment, focusing on six index cancers of the WHO Global Initiative for Childhood Cancer.

Drawing on the WHO's package of NCD best buys, the 'Saving lives, spending less' report<sup>[2]</sup> demonstrates how countries can reduce premature deaths, strengthen health systems and advance progress towards the SDGs. Clear economic and social rationales for scaling up implementation of the best-buys proven solutions are provided to policy-makers, donors, advocates and partners. The report frames NCD prevention and control as both a health and development priority, and offers a roadmap for action that delivers benefits across populations, economies and generations. According to the WHO, full implementation by 2030 could save 12 million lives, prevent 28 million heart attacks and strokes, add 150 million healthy life-years and, in addition, generate massive economic benefits.

It must be noted that while ~80% of countries achieved reductions in NCD mortality between 2010 and 2019, the rate of progress compared with the previous decade has slowed significantly across most regions. Moreover, a resurgence in NCD-related deaths has been experienced in

several countries. Investing in confronting NCDs is vital, and should be implemented or strengthened urgently. However, a highly anticipated United Nations Political Declaration on Non-communicable Disease (Equity and integration: transforming lives and livelihoods through leadership and action on non-communicable diseases and the promotion of mental health and wellbeing) failed to be formally endorsed at a special High Level Session on 25 September because of opposition by the USA, leading to a lack of consensus<sup>[4]</sup> This means it goes to the General Assembly in the next few weeks, where it will hopefully be carried forward by vote.

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